

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257057

FILED
Feb 23, 2006
Secretary of State

Entity Name: THE PACKERS OF INDIAN RIVER, INC.

Current Principal Place of Business:

5700 W MIDWAY ROAD
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12969
FT. PIERCE, FL 349792969 US

New Mailing Address:

FEI Number: 59-0953527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, JAMES L
5700 W MIDWAY ROAD
FT. PIERCE, FL 34981 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ROGERS, JAMES L. III,
Address: 200 COCONUT PALM RD.
City-St-Zip: VERO BCH., FL 32963 US

Title: D () Delete
Name: JOHNSON, SUE ROGERS,
Address: 7380 WILDERCLIFF DR.
City-St-Zip: ATLANTA, GA 30328 US

Title: PD () Delete
Name: GARAVAGLIA, MICHAEL J JR
Address: 2221 E OCEAN OAKS LN
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GARAVAGLIA

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02/23/2006

Electronic Signature of Signing Officer or Director

_____ Date